



Life after

Modern treatments, administered promptly, can reduce impacts and optimise lifestyle in the wake of a stroke, *Di Websdale-Morrissey* explains.

A shopping centre anywhere in Australia: a woman walks unsteadily, looking pale, unwell. She reaches for a chair at an outdoor café, but misses and comes crashing down amongst the chairs, the café patrons, the coffee cups and the startled pigeons. People rush to help and she is slurring her words, not making sense. She seems drunk, but isn't. She has just experienced a sudden and massive insult to her brain – a stroke – and in so doing, has joined the 40,000 other Australians who will suffer a stroke this year.

Stroke's medical name is cerebrovascular accident (CVA). As the name suggests, it is an abrupt assault on the brain's blood vessels – by a haemorrhage in a vessel within or surrounding the brain, or by a clot that blocks oxygen to brain tissue.

Strokes come in all sizes and at any age, but are much more prevalent as we get older. They can be small and pass almost unremarked as a brief period of confusion, visual disturbance or loss of coordination. When they last less than 24 hours they are called transient ischaemic attacks (TIAs) and are sometimes referred to as mini-strokes. TIAs are often precursors of a much bigger event, so should be regarded seriously. More than 50 per cent of those who suffer clot-related strokes experience a warning TIA episode – sometimes hours, sometimes weeks before the major stroke.

Our woman is lucky. A passer-by calls an ambulance, which arrives in minutes. Time lost is brain lost, according to the Brain Foundation. She's unable to form words and can't tell them that, for the previous half hour she had experienced blurred vision, and weakness; her cheek had been numb. She couldn't remember where her home was. The paramedics recognise her slurred speech (dysphasia), her difficulty swallowing (dysphagia), the right-side facial droop and paralysis. They diagnose a left hemisphere stroke.

Stroke site significance

Significant strokes are a major disruption to a person's life and can leave wreckage behind. How calamitous, and how much of our former life returns to us, depends on the site and severity of the stroke.

stroke

The brain is comprised of two hemispheres and several structures. The symptoms of the stroke will often point to the site of the problem and predict its outcome.

If stroke occurs in the right hemisphere, the left side of the body might be paralysed (left hemiplegia). Survivors may:

- have spatial and perceptual abilities problems
- act impulsively
- behave dangerously because they can be unaware of their impairments
- experience left-sided neglect because visual difficulties cause them to 'lose' objects or people on their left side;
- experience short-term memory problems.

The left hemisphere controls right movement, so a left hemisphere stroke leaves right-sided hemiplegia. Survivors may:

- have speech and comprehension problems
- become slow, cautious
- need guidance to finish a task
- have cognition problems including poor memory, difficulty processing new information and reduced ability to conceptualise.

A stroke in the cerebellum can cause:

- abnormal reflexes of the head and torso
- coordination and balance problems
- dizziness, nausea and vomiting.

A brain stem stroke is particularly devastating. Such a stroke can affect:

- involuntary functions, such as respiration rate, blood pressure and heart beat
- eye movements, hearing, speech and swallowing.

Since impulses generated in both brain hemispheres must travel through the brain stem to the arms and legs, survivors of such a stroke may experience paralysis in either or both sides of the body.

Remember, however, that stroke's residual problems can vary in degree, and some people may experience only mild consequences.

Negotiating the territory

Unfortunately, information about stroke, its presentation and aftermath, is often difficult to access or understand. When Annie's father suffered a stroke, the family was unprepared and found the medical world frustrating and alien.

"Dad had a TIA a week or two before a much larger full-on stroke," Annie explains. "Both he and the rest of the family had

This is an emergency

If you believe you are witnessing a stroke, ask the person to smile, talk and raise their arms. If they fail to do even one of these, call 000.

trouble understanding the difference. I am a medical troglodyte – I need plain English explanations and diagrams, and people who speak slowly. The world is made up of two types of people: those who 'get' bodily functions and those who do not. If you are one of the latter, a stroke is a sudden, mysterious and debilitating event where you watch your previously energetic and capable parent diminish physically and mentally and you still don't quite understand why.

"It was only when I insisted on going to the neurologist with Dad (he was discouraged by his physician and GP – you don't need to do this – you just need to be patient, i.e. sit at home, virtually incapacitated) that we had the whole scenario explained. If I sound cross, I think I still am ..."

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